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I	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/125,958	08/26/1998	TOMOYUKI OHTANI	5162-46	8366	
	757	7590 07/13/2004		EXAMINER		٦
	BRINKS HOFER GILSON & LIONE			LEE, CHI HO A		
P.O. BOX 10395						
	CHICAGO, IL 60610			ART UNIT	PAPER NUMBER	
				2663		

DATE MAILED: 07/13/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

## Application No. Applicant(s) 09/125,958 OHTANI ET AL. Interview Summary Examiner Art Unit Andrew Lee 2663 All participants (applicant, applicant's representative, PTO personnel): (1) Andrew Lee. (2) S. Hillus. Date of Interview: 07 July 2004. c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: \_\_\_\_\_. Claim(s) discussed: 7. Identification of prior art discussed: \_\_\_\_\_. Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: verified that claim 7 is not rejected on O.A. mailed 4/30/04. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required